



INSTITUTIONAL/ASSOCIATE MEMBERSHIP REGISTRATION/RENEWAL FORM

Please fill in the membership form and return it to us for scrutiny.

Mtolankhani House, Plot 99 Acacia Area, Lilaga Community, Lilongwe, Malawi
P. O. Box 30463, Capital City, Lilongwe 3, MALAWI
Tel: +265 1 758 091 | Email: info@misamalawi.org

After carefully reading and understanding the aims and objectives of MISA Malawi, the following organisation would like to join/renew its membership for the year _____.

Name of institution: _____

Type of institution: _____

Postal address: _____

Phone no.: _____ Email: _____

Website: _____

Name of authorising officer: _____

Position: _____

Current MISA Malawi Member?: YES NO

Please find enclosed the amount MK _____ (please circle below)

MOBILE TRANSFER CHEQUE CASH

Account Name: WPF, Account Number: 1610678, National Bank of Malawi, Lilongwe Service Centre

FOR OFFICIAL USE ONLY

Accepted: YES NO

Reason: _____

Signed: _____ Date: _____